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Und			ATION	persons are requi FEE DETEI Ite for Form PTC	RMINATION	a collection of info	ormation unle		ys a valid OMB`d ion or Docket Nu	
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENT								OR		R THAN ENTITY
	FOR	NUMBE	R FILED	NUMBE	REXTRA	RATE	FEE		RATE	FEE
	C FEE CFR 1.16(a))						s	OR		\$
TOT	AL CLAIMS CFR 1.16(c))		minus 20 = *			x \$=		OR	x \$=	
INDE	PENDENT CLAIMS	s	minus 3 = *			x \$ =		1	x s =	
(Of CPR 1.10(b))						OR				
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	
	CL.	AIMS AS AMI	ENDED	PART II						
10	)-18-0	(Column 1)		(Column 2)	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL	R THAN ENTITY
NT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY RAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	XX	Minus	42	=	x \$ =			x \$=	
	(37 CFR 1.16(c)) Independent	-10	Minus	2	=/			OR		/
	(37 CFR 1.16(b))			<u> </u>	<u>/</u>	× \$		OR	X \$	
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ C. =		OR	TOTAL'S	
						ADD'L FEE		OR .	ADD'L FEE	
	(Column 1) (Column 2) (Column 3)							_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	**	=	x \$=		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$=		OR	x \$=	
								1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ = TOTAL		OR	+ \$ = TOTAL	
						ADD'L FEE		OR	ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)			1	·	
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total (37 CFR 1.16(c))	•	Minus	••	=	x \$ . =		OR	x \$=	
	Independent (37 CFR 1.16(b))	•	Minus	***	=	x \$ =		OR	x \$ =	
								1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					+ \$ = TOTAL ADD'L FEE		OR OR	+ \$ = TOTAL ADD'L FEE	
	If the entry in co If the "Highest N If the "Highest N The "Highest Nu	lumber Previously umber Previously	/ Paid For' Paid For'	IN THIS SPACE IN THIS SPACE I	is less than 20, e s less than 3, en	enter "20"	the appropria	te box in c	olumn 1.	

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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